Our Healthier South East London
Sustainability and Transformation Partnership

NHS

Briefing on potential changes to Stroke Services in Kent that may impact on South East London

To : SE London STP

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1 Background

1.1 As part of their Sustainability and Transformation Plan (STP), CCGs in Kent are proposing to consult on reconfiguring their stroke services. The intention is to improve the quality of care delivered to the population of Kent by mirroring the stroke model in London. In the capital, we have a small number of hyperacute stroke units (HASUs) that undertake thrombolysis, and a larger number of stroke units (SUs) that deal with the main part of a patient's in hospital stay - the acute stroke recovery phase. The expectation is that the reconfigured stroke services in Kent would be backed up by robust multidisciplinary stroke support services in the community.

1.2 A management consultancy. CarnallFarrar, is working with Kent STP to develop the stroke strategy and the pre consultation business case; in addition the Public Engagement Agency is providing support in undertaking wider engagement activities.

1.3 Within London, there is close monitoring of hospital activity and a variety of standards, to ensure there is consistent quality of care across the HASUs and SUs. As a result of these changes there has been demonstrable improvement in mortality and a reduction in the disability associated with stroke. These improved outcomes are dependent on there being HASU capacity for any patient with a stroke, and the patient getting timely access to thrombolysis.

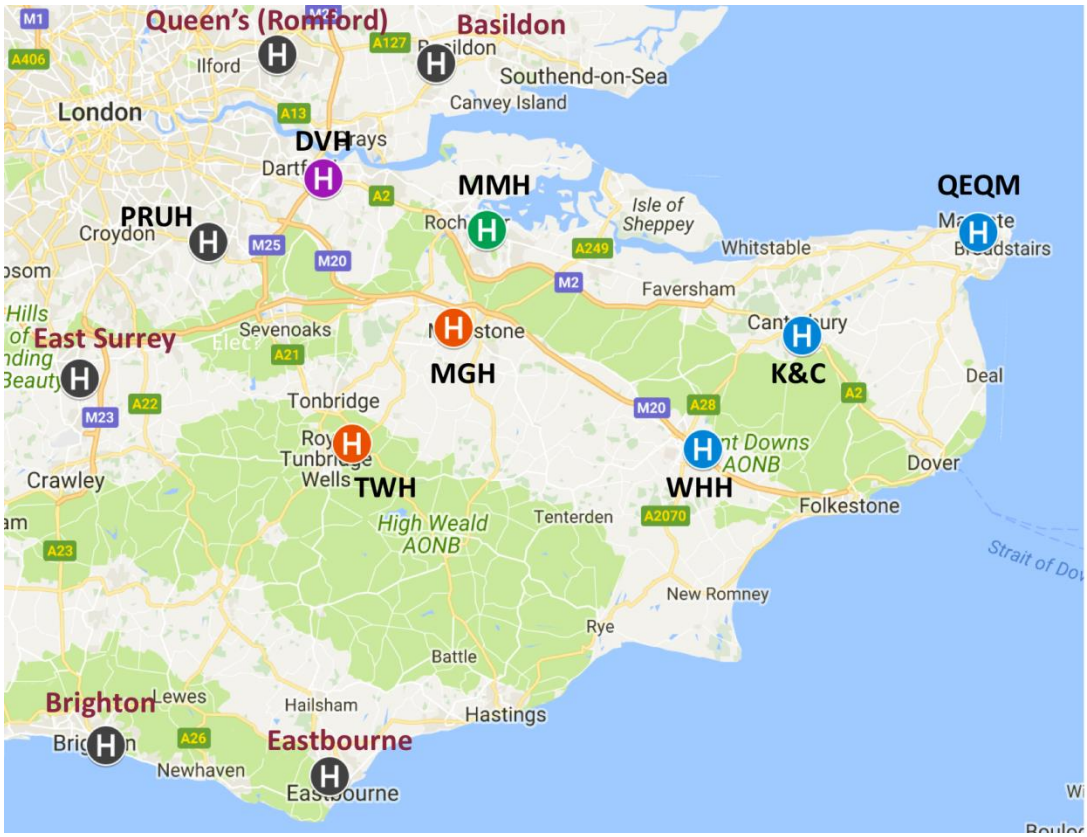
1.4 The exact plan in Kent is to reconfigure and consolidate services from the 7 units that currently undertake all aspects of stroke care, to 3 co-located stroke units and HASUs, with no free standing stroke units (as there are in London). The plan is to go out to public consultation on this model in spring 2018.

2 Current position

2.1 Within SE London, we have two HASUs, one at Denmark Hill and one at the PRUH. In addition, there are a number of SUs, at PRUH, Denmark Hill, Lewisham Hospital and St Thomas's. In London, the London Ambulance Service (LAS) take any potential stroke patients picked up from London postcodes to a recognised HASU in London to ensure consistent quality of care. Each of the 6 CCGs in SE London commissions a community Early Supported Discharge service for stroke, though service delivery varies between areas.

2.2 At the moment, we do not believe that there is any significant flow of stroke patients into SE London, from outside the M25. The cardiac and stroke network at London level and CarnallFarrar are currently analysing the data for SE London to verify the exact flows.

2.3 Map of current sites.



DVH – Davent Valley,
WHH – William Harvey
MGH – Maidstone General
QEQM – Queen Elizabeth the Queen Mother
PRUH – Princess Royal University
TWH – Tunbridge Wells
K&C – Kent and Canterbury
MM – Medway Maritime

3 Potential capacity issues in SE London

3.1 As the result of any Kent reconfiguration, there is the potential for there to be acute stroke capacity problems in SE London, particularly if hospitals on the border with London cease to provide stroke services.

3.2 For example, initial modelling has suggested that if Darent Valley Hospital no longer managed stroke patients, it could result in a significant increase in numbers of stroke patients flowing into SE London. This could result in the need for the equivalent of an additional HASU ward.

3.3 If an option was agreed that resulted in a significant inflow of stroke patients to SE London, Kent STP would need to provide, or apply for, capital monies to help us to increase our capacity. A possible way around this would be that one of the key (possibly hurdle) criteria for deciding the configuration of stroke services should be to minimise patient flows into SELondon. This could mean that Darent Valley Hospital would have be one of the three Kent sites. There are currently 11 potential configurations being assessed on which Kent could go out to consultation, with an aim of consulting on 2-4 of these options.

3.4 Issues SE London STP will particularly want to consider:

A) If SE London receives a large inflow of stroke patients from Kent, how would that impact on both PRUH and Denmark Hill, and what would this mean for SE London stroke patients without an increase in HASU beds.? If this were to be the case, we would need to build additional stroke capacity.

B) If Darent is a HASU/SU, it is quite possible that a number of stroke patients from Bexley would go there, and possibly some patients from Bromley. SE London might lose some stroke patients, but not a significant number.

C) If Tunbridge Wells and Maidstone are not HASUs/SU, there may be some in flow of stroke patients from these areas to the PRUH. This could be 60-70 patients, but this would be compensated by flows out to Darent if that is a HASU.

3.5 It would seem prudent, according to the current modelling, to plan for at least 60-70 additional patients coming in SE London annually, mostly to the PRUH. At the moment, this could amount to the need for up to 3 additional HASU beds. This might be managed by reducing the average length of stay (LOS) in the PRUH (which is quite long at around 25 days for HASU and SU total stay). This may be because of the demography of outer south east London (high older population), because we need more therapy services to speed up recovery and because repatriation of HASU patients to their 'home' SU can sometimes take a long time. This latter issue is particularly a factor when a patient comes to the PRUH (and Denmark Hill) from other boroughs, especially STP areas.

4 Next steps

1. We have been invited to be part of the joint committee in Kent making a decision on this. It is a joint committee and not a Committee-in-Common. Our constitutions allow us to participate in a joint committee
2. We have been invited to be part of the clinical reference group and we think this is best done by the stroke clinical lead for SE London – this happens to be one of the King's stroke consultants
3. The Clinical Chair of Bexley CCG has been invited to be a member of the programme board
4. We need to undertake some modelling with the PRUH to see if we could accommodate 60-70 additional patients without an expansion of the bed base.
5. We need to confirm the existing and proposed patient flows associated with each of the models which are included in the consultation.

5 Recommendations

1. Members of the STP are asked to note the contents of this paper

2. It would be helpful to agree that 1-2 members of Bexley and/or Bromley's Governing Body represent SE London on any joint committee that is established in Kent